

Partners in Teaching Community Health

—A MEDICAL SCHOOL AND AN ELEMENTARY SCHOOL

■ Teaching elementary school children to be family and community health educators is the goal of a unique project in Washington, D.C. The Department of Community Health Practice of Howard University's College of Medicine and the fourth to sixth graders of Harris Elementary School are partners in this effort to teach an urban community about health, health resources, and the prevention of illness.

The Harris School Health Education Cadre was started to answer the increased need for education in health that extends to and encompasses the families and the community in which the children live. It is a need that is apparent in the discouraging health statistics for minorities in many urban areas.

The school, located in southeast Washington, has an enrollment of approximately 1,000 black first to sixth graders. The voluntary health education project for children in grades 4 to 6 began in 1973. Forty-two boys and girls, chosen by the principal and teachers as being potential high achievers, were invited to participate.

The goals of the program were centered on the hypothesis that elementary school pupils could be taught to serve as conduits for health education to their families, their peers, and their community and could learn to utilize sound teaching techniques, set priorities, and make decisions. The program had five objectives:

1. To present relevant health facts which focus on preventable or controllable conditions through individual action
2. To provide information and contact with locally available health resources and related services.
3. To provide learning experiences which involved priority setting, decision making, and organizational skills
4. To provide experiences and role modeling by exposing the children to persons with various careers, thereby acquainting the children with the possibilities of careers in health-related fields
5. To provide opportunities for applying the information, skills, and talents of the group to a health problem of present and future importance.

The First Year

Before the first meeting with the children, several meetings were held with the parents to insure their cooperation and to encourage total family participation. At these meet-

ings, the goals of the project were discussed. Simultaneously, permission for field trips, mass media presentations, and photographs was requested in writing and received. Students co-signed all acceptance sheets, thus symbolically reflecting their acceptance of the responsibilities to be given to them. Regular attendance and full participation in all activities were the main requirements. The cadre met once a week after school hours with two fourth grade teachers serving as faculty advisors. The principal was the administrator-coordinator for the project.

Hypertension, tuberculosis, nutrition, sickle cell anemia, communicable diseases, dental health, lead poisoning, and mental health were selected by the children as target subjects. The teaching methods used included taking the children on field trips, involving them in role playing, teaching them to perform surveys and interviews of fellow students, showing them how to record information on graphs and charts, and encouraging them to use demonstrations to concretize concepts such as "contagious." Each unit of study included practice in written and oral communication skills, simulated exercises which required analysis and decision making on ethical aspects, information concerning local resources and how to use them, and career possibilities relating to the subject.

The learning experiences, the community and parental reactions, and the experiences of the volunteer adjunct faculty who participated will be described in a future article.

Howard became involved when the program's initiator invited the Department of Community Health Practice to participate in the organization and recruitment of personnel to provide medical examinations for children entering kindergarten the following September.

The cadre's major community service project for the 1973-74 school year was assisting in the physical examinations of all incoming 4- and 5-year-old students. Dr. James B. Shepperd, acting chairman of Howard's Department of Community Health Practice, served as the medical coordinator for the project; William Robertson, health educator for the department, developed a format for giving parents of the preschoolers explanations and recommendations for followup of the results of physical examinations.

Members of the health cadre greeted parents and escorted them to the first station, where graduate students of social

work at Howard University took histories of the children. Cadre members measured the preschoolers' height and weight under the supervision of a registered nurse. Parents were then escorted to speech and hearing screenings provided by senior students of the Speech Department of Federal City College. Screening of vision was done by the staff of the Prevention of Blindness Society of Washington, D.C. A dentist in private practice gave oral examinations and made recommendations. All physical examinations were then given by the medical coordinator of the project.

Throughout the entire procedure, health cadre members served as hosts and hostesses, as guides, and as "educators" for the families as they moved from station to station for the various parts of the examination. Cadre participants were effective comforters of the 4- and 5-year-olds, who were frightened by this new experience.

The successful collaboration on the preschoolers' examinations prompted Robertson and Mrs. Florence P. Dagner, school principal, to suggest that other components of Howard be invited to participate in the health cadre project.

After Shepperd received the laboratory and clinical findings on the 4- and 5-year-olds, first year medical students at Howard made home visits and followed up on the findings, and were thus introduced to family encounters in a non-hospital, nonoffice setting. When they evaluated the department's course, the students mentioned this experience as one of the most relevant and most difficult.

By the end of the cadre project's first year, the department of community health practice had become an integral partner of the school's faculty. Mrs. Graci Carpenter, educational consultant, filled the dual role of liaison with the medical students and with the elementary school students and their families.

The Second Year

Because more than half of the original 42 members of the cadre were graduated or had moved from the school district, a new approach was initiated in selecting cadre members for the 1974-75 school year. The cadre was limited to 35 children—20 of those who had participated the previous year were first invited to be members. The remaining 15 children were self-selected. They applied for membership without recommendations from their teachers. All health cadre members decided upon the subjects to be emphasized. Then small task forces of five to eight children were formed, one for each of the subjects selected. Ongoing committees in charge of field trips, communications, and

administration, reflective of the previous year's organizational structure, continued.

The year began with a candlelight ceremony of commitment to health in which each child pledged to learn the facts and to share his knowledge with his family and some part of his community. The college's department of community health practice expanded its consultative role, augmenting its participation, arranging for other components of the university to participate, and expanding and coordinating the use of local agency resources. Medical students were involved in teaching, and other adjunct volunteer faculty were recruited from the university's TV and Film Department, School of Communication, Clinical Nutrition Department, College of Allied Health, and the Human Genetics Division of the Comprehensive Sickle Cell Center. Educational consultants from Rochester, N.Y., and representatives of the Department of Psychiatry, Yale University, and the Prevention of Blindness Society of Washington, D.C., also served as teachers.

During the year the health cadre gave a presentation to the college's health and society course for second-year medical students. The children demonstrated various methods of communicating health information.

From January through May 1975, intensive learning experiences were presented to the various task forces of the health cadre. These experiences provided a basis for the culminating event of the 1974-75 school year—the First Urban Health Education Conference for Elementary Students held on May 21, 1975, in Washington. It was the first such event to be planned, presented, and evaluated by pupils 9 to 12 years old.

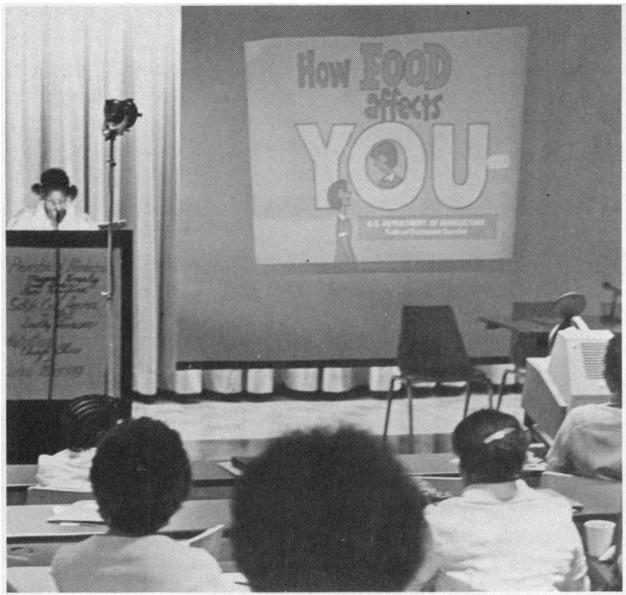
The conference theme, "Sharing Is Caring," was emphasized repeatedly in skits, poems, songs, and drama performed by the children. They used a variety of techniques such as panel discussions, slides, film, overhead projectors, and charts to convey information. But their own definitions and descriptions of concepts were incorporated in the presentations.

Some of their definitions—"Research is when you read, visit, and learn as much about one thing from lots of different places and people," or "Confidentiality is when you see, hear, or learn about somebody's health or family problems, you don't tell other people."

Concepts were stressed in various ways. For example, "How to Make a Fat Child," a combination of drama and narration, concentrated on the habits and attitudes which contribute to obesity—the perceptions of families who be-

Children devised role play situations to teach about mental health. "Social worker," "patient," and "physician," talk over problems of alcoholism





Nine-year-old health cadre member talks about nutrition. Children made their own slides and transparencies for presentations at the urban health education conference

Believe a fat child is a healthy child, the linkage with pride in being "a good provider," the insistence on eating all of one's food when the quantities served are too great, the use of sweets as a reward, and parental prejudice against certain foods.

Panelists (ages 9 and 10) who presented information on vision problems followed the traditional form of a panel; role play was used to teach how to recognize some of the factors related to good mental health. The children devised the role play situations. Their choice of professional roles revealed increased awareness and interest in professional

Nine- and ten-year-old panelists discuss what they have learned about preventing eye accidents, glaucoma, crossed eye, and the relation of vision to learning



careers. Their feelings about how professionals can help others were revealed by some of their comments. "I don't think the psychiatrist got deep enough in her business before he started telling her what to do." "I think psychiatrists ought to make house calls so they can see what's happening." "I think they are puzzled sometimes about what to do."

Information about lead poisoning was taught through song, poetry, and a personal experience one child had had with lead poisoning. In the presentation on hypertension, the format of the television program "The Price Is Right" was used in a skit called, "Let's Raise Your Blood Pressure." "Prizes" included an exerciseless week at a resort where one was required to eat a heavy-fat diet and smoke a carton of cigarettes each day. A group sang "The Hypertension Gospel Song." The lyrics include the 10 major points used in community education about hypertension.

The conference was attended by 160 persons—representatives of elementary school pupils, medical schools, the National Institutes of Health, and local health agencies as well as the medical students and the children's families; it was received with enthusiasm. The adults who attended commented on the children's poise, health knowledge, and pride in their accomplishments. Invitations have been received to repeat the conference in other school districts in Washington and in Philadelphia.

Conclusions

The health cadre members' immediate families total 140 persons, and their parents have testified to the effectiveness of the teaching.

"Well, his daddy just gave up smoking because he said if he gets one more lecture on what it's doing to him, and how hard his heart is pumping, that he just can't enjoy a cigarette. Of course I think what really did it was when he said, 'Daddy, don't you want to come to my graduation at Howard?' First time any of them have talked about college—that was it."

"You know after working two jobs, I didn't need a lecture on carbohydrates, fats and all that when I brought home frozen dinners. But you know—I've been thinking, and we are not going to use them as much. She's right, she's like an evangelist about this nutrition."

Teachers at the school have stated that their interest in health has increased as health cadre members proudly talk about going to Howard to visit or when Howard faculty come to teach the children.

This 2-year program has provided town and gown with a model, which could be replicable on a national level. The working partnership of the Department of Community Health Practice of Howard's medical school and an inner-city school group has been shown to be a viable way of delivering health education in an appropriate and participatory manner suitable for urban areas. The urban school population has been repeatedly identified as a key target for health education. Yet innovative approaches which use children as conduits for health education for their communities and families have not been explored sufficiently.

—Naomi H. Chamberlain, assistant professor, Department of Community Health Practice, Howard University College of Medicine